

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF COLORADO, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, et al.,

Defendants.

**DECLARATION OF KIMBERLY SARUWATARI**

I, Kimberly Saruwatari, declare as follows:

1. I am a resident of the State of California. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I am currently employed by the County of Riverside, a political subdivision of the state of California, as the Director of the Department of Public Health.

3. As Director of Public Health, I am responsible for leading the total Public Health operation through administrative and medical staff, division managers, and supervisory positions. In collaboration with the Public Health Officer, I am primarily responsible for developing, recommending, interpreting, and administering Public Health policies. I oversee the County's disease prevention, health promotion, and public health emergency response, ensuring compliance with local, state, and federal regulations. I coordinate public health efforts with other community-based organizations, institutions and governmental agencies. Additionally, my responsibilities include managing the Department's budget and securing funding.

4. Our agency is aware of 3 award terminations already received and or forthcoming from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The total value of the terminated awards was \$144,957,022. All terminations were "for cause" based on the end of the COVID pandemic, rather than failure of the County of Riverside Department of Public Health to follow the terms or conditions of the grants. Descriptions of each award and the effects of these terminations follow.

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**RIVERSIDE COUNTY INITIATIVE TO ADDRESS COVID-19 HEALTH DISPARITIES**

5. In 2021, the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) invited applications for the Notice of Funding Opportunity titled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (Health Disparities Grant).

6. The Health Disparities Grant provides funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions.

7. Effective June 1, 2021, the CDC produced a Notice of Award setting forth the terms and conditions of the grant award. A true and correct copy of the corresponding Notice of Award and its attachments, dated May 27, 2021, is attached as **Exhibit A**. As set forth therein, termination of the grant by CDC is permitted only if a recipient or subrecipient fails to comply with the terms and conditions of the award, for cause, or with consent of the non-Federal entity.

8. The Health Disparities Grant period was from June 1, 2021, through May 31, 2026 for a total grant amount of \$23,420,926.00.

9. As set out in its grant proposal, the Riverside County Department of Public Health (Department) intended to use the Riverside County Initiative to Address COVID-19 Health Disparities to improve access to services; enhance communication modalities to hard-to-reach populations; improve public health infrastructure to enhance service delivery to communities with the largest disparities in health outcomes; increase community-based testing; and improve

RUHS-PH capacity to prevent and control COVID-19 infection and/or transmission among the identified high-risk populations, while also supporting community and or faith-based organizations similar efforts.

10. Since June of 2021, the Department has used the Health Disparities Grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and Department's grant application.

11. The Health Equity efforts supported by this funding are an indispensable force in driving change and progress within Riverside County. With its far-reaching impact, the Health Equity program strengthens the Department's infrastructure, enhances community partnerships, and offers invaluable insights into the systemic factors that shape health outcomes across diverse populations.

12. In Riverside County, the Healthy Places Index score reveals significant disparities in community health conditions. Riverside County currently ranks in the 39.3 percentile statewide, indicating that community conditions are less healthy than those in 59.7% of other California counties. Out of the eligible 2.4 million population, 871,000 residents are in Quartile 1, representing areas with the highest need.

13. In 2021 and 2022 Covid-19 was the leading cause of death with significant racial disparities in Riverside County. Disproportionate disparities have long impacted the health and well-being of marginalized communities. The COVID-19 pandemic intensified these disparities, disproportionately impacting Latinx, Black, and Indigenous communities, as they experienced higher infection rates, limited access to vaccines, and greater economic hardship.

14. These persistent inequities, exacerbated by the pandemic, have perpetuated cycles of poverty and poor health, making it challenging for many to achieve optimal well-being.



Addressing these disparities is essential for improving public health and ensuring equitable outcomes for all residents.

15. Loss of funding for critical infrastructure initiatives like the Health Equity & Justice Committee (HEJC), the Health Equity Strategic Plan (HESP), and other health disparity related efforts would significantly hinder Riverside County's ability to address health disparities and strengthen public health systems, including equitable emergency response planning, the Community COVID-19 Impact Hub, and the Equity and Justice Initiative. These activities are essential for advancing health equity, policy reform, and systemic change.

16. Loss of funding will cause inability to participate in statewide health equity efforts like the State Health Equity Plan (SHEP) and the Public Health Accreditation Board (PHAB) process, weakening the role of equity in public health initiatives.

17. Loss of funding will cause inability to guide and shape critical action groups as part of the Community Health Improvement Plan development and implementation. These groups would include topics such as mental health, access to care, and housing and without them the ability to implement vital strategies for long-term health improvement would be lost.

18. Loss of funding would halt efforts to reduce disparities, improve health infrastructure, and ensure equitable access to care, undermining the County's capacity to protect and improve the well-being of all its residents. Continued funding is vital for maintaining progress and achieving long-term health equity.

19. Losing funding for community partnerships like the Riverside County Health Coalition, the Regional Health Equity Workgroup, and the Vaccine Equity and Equity & Justice Taskforces would significantly hinder public health efforts and exacerbate health disparities. These initiatives have been essential in addressing equity-related issues, providing accessibility,

and fostering collaboration across various sectors. For example, the Vaccine Equity Task Force provided critical input to the distribution of COVID-19, MPX and Flu vaccine so that under-resourced and hard-to-reach communities have access to life-saving vaccines.

20. The Riverside County Health Coalition has been instrumental in uniting partners to address critical issues such as housing, mental health, and access to vaccinations. Without funding, essential services like Spanish translation, American Sign Language interpretation, and hybrid meetings would be lost, leaving vulnerable communities underserved.

21. Inability to participate in the Regional Health Equity Workgroup, which ensure Riverside County remains engaged in statewide efforts to address health disparities. Without this participation, the County would be disconnected from important regional decisions and strategies.

22. Loss of funding would undermine future public health responses, weakening the collaborative infrastructure needed to address health crises effectively.

23. Loss of funding for these community partnerships would disrupt vital health services, reverse progress on health equity, and further marginalize vulnerable populations.

24. Loss of funding for initiatives like the EquiTEA Podcast, Health Equity Social Media Accounts, and the Health Equity Newsletter would severely impact our ability to connect Riverside County residents with critical health information and resources.

25. Inability to share culturally relevant public health information with underserved communities. These platforms raise awareness of social and racial injustices, advocate for marginalized groups, and mobilize the community to achieve health equity. Without the necessary staff to manage and produce content, both the podcast and social media presence would end, cutting off an essential channel for community engagement and education.

26. Limited ability to connect residents with local and governmental resources, promoting disease prevention, and addressing health disparities. By providing timely updates on medical care, public health initiatives, and support services, the newsletter/communication ensures the community has access to vital information. Without funding, this publication would cease, leaving residents without crucial resources and information.

27. Loss of funding for these programs would severely limit the County's ability to inform, engage, and support the community, reducing access to vital health information and services.

28. The Department has had to notify its subcontractor of the immediate stop work and return of funds, which will be required to be communicated to the subrecipients. There are fifteen subrecipients impacted with an aggregate total contract award of \$10,718,168.14.

29. The Department timely submitted all invoices, quarterly reports, and expenditure reports with respect to the Health Disparities Grant, which have all received positive feedback by the CDC.

30. Prior to the grant termination on March 24, 2025, CDC had never provided the Department with notice, written or otherwise, that the grant administered by the Department was in any way unsatisfactory.

31. On March 25, 2025, without any prior notice or indication from the CDC, the Department received its termination notification via its GrantSolutions portal at 4:14 AM PST stating termination effective as of March 24, 2025. The Department received its official termination and close final process email from the CDC at 6:24 AM PST on March 26, 2025. A true and correct copy of the notice is attached as **Exhibit B**.

32. The purported basis for the termination is for cause, being the end of the pandemic. The termination notice did not include any information whatsoever with respect to appeal rights and process.

33. The Department relied and acted upon its expectation and understanding that CDC would fulfill its commitment to provide the Health Disparities Grant funding, by budgeting for the remaining current fiscal year and for its budget request for the next fiscal year 25/26.

34. The estimated number of full-time employees (FTEs) impacted by the Health Disparities Grant funding loss for the fiscal year 2024-25 is 10.75 FTEs and for the fiscal year 2025-26 is 15.05 FTEs. The impacted remaining budget for fiscal year 2024-25 is \$886,052 and the impacted budget request for fiscal year 2025-26 is \$3,468,508.

35. Eliminating or reducing funding for the Health Equity program will jeopardize the Department's ability to fulfill our commitment to fostering transformative, long-lasting change. Riverside County cannot afford to diminish the very resources that enable the Department to advance to a healthier, more just Riverside County. The well-being of every individual in the County depends on it. Without these funds, the already significant gaps in health outcomes in our most under-resourced and hard-to-reach populations will be exacerbated, ultimately resulting in increased years of potential life lost, increases in quality years of life lost, and disparities in longevity.

**EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC) – ENHANCING  
DETECTION EXPANSION GRANT**

36. In 2020, the Coronavirus Response and Relief Act, 2020, P.L. 116-260 was appropriated for the CDC to administer and provide critical resources to state, local, and territorial health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and

epidemiologic surveillance and related activities. Whereas Congress appropriated additional funding to support the expansion through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260.

37. In 2021, the California Department of Public Health (CDPH) notified the Riverside County Public Health Department (the Department) of funding for the ELC Enhancing Detection Expansion through the Coronavirus Response and Relief Act, 2020 and Supplemental Appropriations Act of 2021 (hereinafter the ELC Grant/funding).

38. On March 2, 2021, CDPH produced a Letter of Award of Funding setting forth the terms and conditions of the funding award. A true and correct copy of the ELC Funding Letter of Award is attached as **Exhibit C**.

39. The ELC Grant expected performance period was from January 15, 2021, through July 31, 2026. The total grant amount is \$101,417,767.

40. The ELC Grant supported community and public health laboratory testing; case investigation and contact tracing; outreach and education; data collection, analysis and display; surveillance containment; and mitigation.

41. As set out in its work plan, the Department intended to use the ELC funding to: enhance laboratory, surveillance, informatics and workforce capacity; strengthen laboratory testing; advance electronic data exchange at public health laboratories; improve surveillance and reporting of electronic health data; use laboratory data to enhance investigation, response, and prevention; and coordinate and engage with partners to provide culturally appropriate services and outreach to communities, reduce barriers to COVID-19 testing and vaccination, develop and sustain infection prevention staff.

42. The objectives of the Department's work plan are critical in supporting the Department's ability to provide more informed public health responses by improving tracking and reporting of health trends and disease variants.

43. Since January 2021 the Department has used the ELC Grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and the CDPH Letter of Award requirements.

44. ELC funding was used to support the implementation of EPIC, an electronic health record system, across the Department of Public Health. To date, the software system is approximately 20% implemented, and ceasing the project now will limit the Department's ability to bill for services, conduct comprehensive data analyses, and efficiently make and receive referrals on behalf of our clients. The one module of EPIC that has been fully implemented requires securing a 3-year maintenance agreement for the module. Without this agreement, the Department will not have the support to ensure timely and accurate specimen submittal, tracking and reporting.

45. The loss of the EPIC implementation will also directly affect the ability of hospitals, clinics and other entities to bi-directionally refer their clients for Public Health services. An electronic health record system such as EPIC will also allow the Department to seamlessly and bi-directionally transfer data on the local, regional, state and national level to support interoperability, timely reporting of disease and outbreaks, and lower overall costs for health and healthcare.

46. The implementation of EPIC is required to modernize technology within Public Health to allow for more real-time population health surveillance, rapid response and allow for

increased opportunities for billing to maximize and diversify revenue. Thus, compounding the financial loss of ELC Funding.

47. Without ELC funding, the Department will be unable to purchase a Qualtrics survey tool, intended to support Public Health's ability to collect crucial Health Insurance Portability and Accountability Act (HIPAA) compliant data from the community. The survey tool is information technology approved/authorized for collecting Personal Health Information (PHI). Qualtrics allows staff to comply with legal requirements for collecting and storing important community health assessment data. Without this tool, the process for surveying the community and collecting and analyzing data would be significantly longer and more cumbersome, straining the reduced workforce due to the ELC funding loss.

48. The loss of ELC funding eliminates the Department's ability to conduct a media campaign to raise awareness and educate the community about the importance of COVID-19 and other vaccinations. Without an effective media campaign, key information about vaccine availability, benefits, and safety may not reach the target populations, leading to confusion or hesitation. This lack of outreach results in missed opportunities for increasing community access to vaccines, potentially negatively affecting vaccine uptake and the occurrence of vaccine preventable diseases.

49. The loss of this funding creates a significant setback to services by impacting the County's Public Health-led Integrated Services Delivery outreach work in providing coordinated and comprehensive services to community members. ELC funding supports Public Health staff that participate in this collaborative, allowing outreach to Riverside County's most vulnerable populations.

50. The Department has used the ELC Funding to add epidemiologists and research specialists to the staff. These staff have created multiple public facing dashboards, including on COVID-19, flu, RSV and other respiratory illnesses, which has been highlighted as best practice with CDPH and other local health jurisdictions. They have also tripled the number of data briefs and full reports published per year from 4 to 12 and have tackled such topics as life expectancy, years of potential life lost, morbidity and mortality and other critical analyses . These funded staff have also created a new monthly publication titled “Data Digests” which is a snapshot of 6 different data sets (these rotate monthly) to highlight the breadth and depth of data available to the community and our partners. Because of this enhanced data capacity, the Department can quickly and more efficiently detect outbreaks and trends in our data and provide more timely information to the public. With the loss of ELC funding, the addition of data dashboards, timely analysis and enhanced detection capabilities are all reduced. The specialized epidemiologists and data staff that will be lost, will likely lead to higher morbidity and mortality in the community as the Department will not have the capacity to quickly detect disease and prevent spread. Additional non-data surveillance team members will be eliminated, which further impacts disease investigation and mitigation capabilities. This team serves as a liaison between Public Health and all hospitals, skilled nursing facilities, schools, and county workplaces for Riverside County, collaborating to share critical updates on disease trends and infection control. Staff monitor cases and outbreaks, offer guidance, and update public guidelines based on recommendations from state and federal health agencies.

51. With the loss of ELC funding, the Department is unable to implement and conduct wastewater surveillance. This type of surveillance is an early indicator of the presence of disease in the community and has been used by cities in the county for detection of COVID,



MPOX and other communicable diseases. The Department was in the process of implementing wastewater surveillance for COVID-19, influenza and other respiratory diseases. Without this capacity, the Department must rely on syndromic surveillance or actual disease reports to detect clusters and outbreaks of disease – which is days later than what is possible through wastewater detection.

52. Loss of ELC funding means the Department cannot purchase the GeneXpert Xpress, which is equipment to conduct rapid COVID-19 testing in the field. The equipment was to be placed on the HIV/STD mobile unit as that unit sees populations that are at high risk for disease.

53. ELC funding was to be used to purchase \$3 million of COVID over-the-counter test kits. These kits were to be shared with community partners for distribution to hard-to-reach communities and for outbreak response. They were also for County Departments for staff testing.

54. ELC funding was supporting the expansion of temperature-controlled warehouse storage space. Architectural renderings have been developed but the project will now not continue. This storage is critical due to Riverside County's climate for seven months of the year, where the temperature in the warehouse exceeds the recommended temperature for storing testing supplies. Without a temperature-controlled space, the Department will not have the necessary supplies to offer employees, as required by California Occupational Safety and Health Administration regulations. This will further limit abilities to assist with outbreak testing or to provide tests to community groups. Furthermore, this can also increase the risk of outbreaks and clusters of cases.

55. Without ELC funding, the Department is unable to fund community-based organizations focused on COVID outreach and education, which would leave vulnerable populations more exposed to the virus and facing worsened health outcomes and economic hardships. The healthcare system would be further strained as reduced outreach services may lead to higher infection rates and greater demand on healthcare resources. This loss of support could widen existing health disparities.

56. ELC funding losses will cut staff in our Public Health Laboratory, impacting our ability to quickly test for and track disease variants. Laboratory staff is highly trained in microbiology, molecular diagnostics, and data analysis, which is vital to maintaining expertise and technical proficiency; losing this staff will result in the loss of invaluable knowledge.

57. ELC funding was used to purchase much of the specialized equipment for the Public Health Laboratory, a significant capital investment. This equipment requires ongoing service and maintenance agreements, and without funding the Department is unable to finance those agreements. Not maintaining this critical laboratory equipment undermines core functions like disease surveillance and outbreak investigations. The cancellation of ELC grant funding poses a serious threat to the Public Health Laboratory's operational capacity, compromising public health and jeopardizing essential resources that are far more cost-effective to maintain than to remove or rebuild. Cancellation of these funds also impact hospital and community based labs as they will no longer be able to receive the same level of testing support from the Public Health Laboratory.

58. The loss of ELC funding results in Public Health being unable to purchase vending machines that offer COVID supplies to the community through a quick and easy process. The vending machines are placed in areas that lack easy access to healthcare, to help

address health disparities among high-risk and underserved populations. This is especially significant in Riverside's rural communities.

59. The Public Health Department contracted with Lodestar, an organization that specializes in trauma-informed resilience training for public health practitioners who were part of the COVID-19 response. To date, the Department has held multiple trainings and staff have developed new or enhanced skills for dealing with difficult situations, which are commonplace in matters of Public Health. The Lodestar contract is an investment in organizational resiliency, and terminating this contract now will result in approximately half of the identified staff not receiving this important training for their mental health and well-being.

60. The staffing cuts that the Department will be forced to face will reduce the Department's ability to process high-dollar, complex, and or sensitive/political procurement requests, that will ultimately affect the timely delivery of services to Riverside residents.

61. The Department has timely submitted all invoices, quarterly reports, and expenditure reports with respect to the ELC Letter of Award which have all been approved by CDPH. The ELC funding had two no-cost extensions, once in 2023 and again in 2024, extending the funding through July 31, 2026. True and correct copies of the notice of funding extensions are attached collectively as **Exhibit D**.

62. On March 25, 2025, without any prior notice or indication, the CDC, through its fiscal intermediary, Heluna Health, informed the CDPH that effective March 24, 2025 its ELC funding was being terminated. Due to the logistical challenges of informing a large number of ELC funding recipients of this time-sensitive information, the CDPH informally notified the Department on March 26, 2025 and stated formal notice is forthcoming.

63. On March 28, 2025, as of 11:54 AM, the Department received the official notice letter from CDPH informing the Department of the CDC funding terminations. A true and correct copy of the letter is attached as **Exhibit E**.

64. The purported basis for the termination is for cause, being the end of the pandemic.

65. The remaining budget impacted for fiscal year 2024-25 is \$9,847,489; and the impacted budget for fiscal year 2025-26 is \$32,262,117.

66. The estimated number of full-time employees (FTEs) impacted by the ELC funding loss for the fiscal year 2024-25 is 15.35 FTEs and for the fiscal year 2025-26 is 15.6 FTEs.

67. Prior to the grant termination on March 24, 2025, CDPH had never provided the Department with notice, written or otherwise, that the grant administered by the Department was in any way unsatisfactory.

#### **IMMUNIZATION COOPERATIVE AGREEMENT**

68. In 2020, the Department's Immunization Branch began receiving additional funding to its California Immunization Program to augment and enhance efforts around influenza vaccination coverage as well as perform COVID-19 vaccination planning and implementation from the CDC through CDPH amending its grant agreement number 17-10340 A02 (Amendment) with the Department. The Amendment increased funding in an amount of \$525,212 for fiscal year 2020-21. A true and correct copy of the Amendment signed May 11, 2021, is attached as **Exhibit F**.

69. In April 2021, the Department was notified of CDPH's Letter of Intent to Award Funding for these services (hereinafter Immunizations Grant). A true and correct copy of the Letter of Intent to Award Funding dated April 1, 2021, is attached as **Exhibit G**.

70. In September 2024, the Department was notified of CDPH's announcement of supplemental grant funding to local health departments for fiscal year 2024-25. A true and correct copy of the Letter of Announcement of Supplemental Funding dated September 19, 2024, is attached as **Exhibit H**.

71. The expected performance period was from December 16, 2020 through June 30, 2025, which includes a no cost extension. The total grant amount is \$20,118,329.

72. The Immunizations Grant is intended to assist state and local health departments in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases. During COVID-19, Congress appropriated additional funding which was provided to state and local health departments for COVID-19 vaccine planning and administration in addition to conducting enhanced influenza activities to protect communities.

73. Since December 2020, the Department has used the Immunizations Grant funds in a manner fully consistent with CDC and CDPH's statements regarding the nature of the grant and the Department's responsibilities.

74. The termination in Immunizations Grant funding will decrease the number of vaccinations administered in hard-to-reach populations by an average of 400 doses per month.

75. The termination in Immunizations Grant funding limits support for health promotion and screenings for high-risk populations, resulting in approximately 15 fewer health promotion events each week.

76. Public Health administers the "Vaccines for Children" program, and the loss of funding would reduce access to COVID-19 and other vaccinations for high-risk, Medi-Cal, and uninsured children. This reduction would further limit services and exacerbate the loss of providers across Riverside County.

77. Public Health administers the "Vaccines for Adults" program, and the loss of funding would reduce access to vaccines for COVID-19 and other vaccinations for high-risk uninsured and underinsured adults. This reduction would further limit services through the Bridge Access Program and exacerbate the loss of providers across Riverside County.

78. This funding loss decreases the County's disaster nursing support by 80%, further limiting our ability to support COVID-19 screening and testing at emergency shelters.

79. Loss of funding will hinder the program's capacity to provide comprehensive care, follow-up services, and timely interventions for individuals in need, potentially leading to poor health outcomes, including missed opportunities for timely antiviral therapy and vaccination.

80. Loss of funding will reduce school immunizations compliance visits by 75%. These visits also provide an opportunity to educate school staff on COVID-19 vaccinations and disease as staff at these locations have a high turnover rate. Every supervisorial district has schools with high numbers of conditionally enrolled students. This reduction in staff would significantly limit support for the schools not meeting the vaccine requirements, leaving students at high risk for communicable diseases like COVID-19 and others. It would also limit access to education on COVID-19 and other respiratory illnesses.

81. The loss of funding will result in an 85% reduction in staffing dedicated to conducting childcare provider visits as required by immunization statutes. Staffing loss would

significantly impact our ability to support childcare centers with low levels of required vaccine compliance and to provide education around the COVID-19 vaccine and disease. There are 24 childcare providers that need to be visited this year due to lack of vaccine compliance; with this staffing reduction we would be able to visit 4 of the 20 sites.

82. The loss of the mobile screening and vaccination team would significantly hinder the ability to provide critical vaccines like COVID-19 and influenza to underserved and high-risk populations across the county. These mobile units have been essential in delivering timely screenings and vaccinations to communities with limited access to healthcare, including rural areas, low-income neighborhoods, and populations with mobility challenges. Without this service, many individuals would face increased barriers to receiving vaccines and preventive care, leading to higher rates of disease transmission, delays in diagnosis, and worsened health outcomes. This reduction in outreach capacity would exacerbate health disparities, strain local healthcare systems, and impede efforts to control the spread of infectious diseases.

83. The Department has timely submitted all invoices, quarterly reports, and expenditure reports with respect to vaccine allocations/utilization and doses administered. All reports were approved by the CDPH funder and analyst. Awards were consistently rolled over from Round 1 to Round 4, with unspent funds made available for rollover. The Department was offered a no cost extension from FY 2023-24 to FY 2024-25, extending the performance period of the award to June 30, 2025 giving an additional year of performance. The Department was also verbally notified by CDPH that, per CDC, they would be allowed to rollover the unspent dollars through June 30, 2027. At that time, CDPH indicated that they were waiting for the extension notice from CDC and then would pass it on to the Department and other local health

departments throughout the state. The Department only had enough remaining balance to support the program through June 30, 2026.

84. The Department was authorized to utilize these funds to support the mobile team operations, purchasing emergency equipment for use by vaccinating staff to treat anaphylaxis and manage medical equipment related to emergency support of patients receiving vaccination should they have an allergic reaction or anaphylaxis related to a vaccine dose.

85. On March 25, 2025, without any prior notice or indication, the CDC, informed CDPH that effective March 24, 2025, its Immunizations Grant was being terminated. Due to the logistical challenges of informing a large number of Immunizations Grant recipients of this time-sensitive information, the CDPH informally notified the Department on March 26, 2025 and stated formal notice is forthcoming. On March 28, 2025, as of 11:54 AM, the Department received the official notice letter from CDPH informing the Department of the CDC funding terminations. A true and correct copy of the letter is attached as Exhibit E.

86. The reduction in COVID Immunization funding poses significant challenges to Public Health programs and services, resulting in decreased access to essential care for high-risk populations. Vaccinations for hard-to-reach individuals will drop by an average of 400 vaccines per month, and health promotion and screenings for high-risk communities will be reduced by approximately 15 events each week. Additionally, the funding cut will severely impact emergency response efforts, reducing disaster nursing support by 80% and limiting COVID-19 screening and vaccinations at emergency shelters that are established in the community. Key public health initiatives, such as perinatal outreach, are done by nurses that also do COVID-19 education. The elimination of these funds will result in a 70% reduction in services, increasing the likelihood of poor health outcomes and higher long-term healthcare costs. Checking



compliance with school immunization statutes will be reduced by 75%, leaving many schools vulnerable to communicable diseases. Childcare provider visits will decrease by 85%, affecting vaccine compliance among childcare centers. Finally, the loss of the mobile screening and vaccination team will significantly hinder our ability to reach underserved populations, exacerbating health disparities and impeding efforts to control the spread of infectious diseases.

87. The remaining budget impacted for fiscal year 2024-25 is \$1,292,546 and the impacted budget for fiscal year 2025-26 is \$1,595,380.

88. The estimated number of full-time employees (FTEs) impacted by the Immunizations Grant funding loss for the fiscal year 2024-25 is 30.1 FTEs and for the fiscal year 2025-26 is 14.45 FTEs.

89. The Department relied and acted upon its expectation and understanding that CDC would fulfill its commitment to provide the Health Disparities Grant, ELC funding, and the Immunizations Grants, by budgeting for the remainder of this fiscal year and in its budget request for the next fiscal year 2025-26.

#### **EPIDEMIOLOGY AND LABORATORY CAPACITY, SHARP 2+**

90. In 2022, the Department's Laboratory received funding from CDPH for the Strengthening Hospital Acquired Infections (HAI)/Antimicrobial Resistance (AR) Program (SHARP), funded through the American Rescue Plan Act of 2021, P.L., 117-2.

91. The funding was awarded through the Letter of Award for ELC SHARP Award Number – ELCPHLSHARP-14, dated April 3, 2023, for a total amount of \$325,914.20 to Riverside County Public Health Laboratory (SHARP Grant/funding). A true and correct copy of the letter of award dated April 3, 2023, is attached as **Exhibit I**.

92. The expected performance period was from June 1, 2022, through July 31, 2024 which includes a no cost extension through July 31, 2026. A true and correct copy of the letter of funding extension dated November 9, 2022, is attached as **Exhibit J**.

93. These funds were broadly intended to provide critical resources in support of a broad range of healthcare infection prevention and control (IPC) activities and epidemiologic surveillance related activities to detect, monitor, mitigate, and prevent the spread of SARS-CoV-2/COVID-19 in healthcare settings.

94. The SHARP funds were also allowable in addressing other conditions in healthcare settings, such as HAIs and AR, which rely upon the same fundamental IPC and epidemiologic surveillance approaches that are used to detect, monitor, mitigate, and prevent the spread of SARS-CoV-2/COVID-19 in healthcare settings.

95. Loss of funding results in the reduction of 1.0 FTE of a Public Health Microbiologist III. This position is the lead level microbiologist in the Public Health Laboratory. Without the loss of funding, the Department will no longer be able to participate in SHARP.

96. Loss of SHARP funds would diminish procurement of laboratory equipment, reagents, supplies, and maintenance contracts with commercial entities to enhance testing capabilities.

97. Loss of these funds may lead to delayed responses to outbreaks, potentially increasing the spread and severity of disease.

98. The lack of data and insights from the program could hinder informed decision-making in the management of patients with antimicrobial resistance.

99. The CDC defines antimicrobial resistance (AR) as when germs develop the ability to defeat the drugs designed to kill them. AR is a global threat due to the increased number of pathogens reaching collectively 2.8 million infections and over 35,000 deaths annually.

100. Bacteria that produce carbapenemases enzymes, which render them resistant to carbapenem antibiotics (known as carbapenemase-producing organisms (CPOs), a type of AR), are a public health concern due to the rapid spread through microbial gene transfer, limited treatment options, and high mortality. CPOs are more transmissible than non-CPOs, emphasizing the need for stricter infection control.

101. The Department of Public Health laboratory AR detection efforts will be significantly diminished without the SHARP funds.

102. Since June 2022, the Department has used the SHARP Grant funds in a manner fully consistent with CDC and CDPH's statements regarding the nature of the grant and the Department's responsibilities.

103. The Department has timely submitted all invoices, quarterly reports, and expenditure reports with respect to the antimicrobial resistance program. All reports were approved by the CDPH funder and analyst.

104. On March 28, 2025, as of 11:54 AM, the Department received the official notice letter from CDPH informing the Department of the CDC funding terminations. A true and correct copy of the letter is attached as Exhibit E.

105. The remaining budget impacted for fiscal year 2024-25 is \$108,388 and the impacted budget for fiscal year 2025-26 is \$55,000.

106. The estimated number of full-time employees (FTEs) impacted by the SHARP Grant funding loss for the fiscal year 2024-25 is 1 FTE.

107. The discontinuation of the SHARP funds will significantly impact healthcare systems by reducing their ability to detect and manage antimicrobial-resistant infections effectively.

108. The unexpected immediate termination of CDC COVID funding sent shockwaves through the Department, leaving staff with panic and concern to understand and to respond to the legal requirements of the notice. This included hurried coordinated efforts across the County for collaboration, guidance, and support from various department leaders. The immediate termination notice has consumed invaluable time and resources from several key Public Health staff and various County Department staff members as well. In abundance of caution and trepidation, Public Health program directors have held difficult conversations with staff of their likely position losses. This has created a stressful and negative work environment for the Department.

109. The loss of this critical funding will undermine the Department's ability to fulfill its mission of meaningfully enhancing and extending life for all in Riverside County. By reducing the ability of the department to produce critical data analyses, conduct disease investigations, administer vaccines, and educate the community, our residents are put at further risk for negative health outcomes, outbreaks and greater disparities among our populations.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 28, 2025, at Riverside, California

/s/ Kimberly Saruwatari

KIMBERLY SARUWATARI  
Director of Public Health  
County of Riverside, California

# EXHIBIT A



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# [REDACTED]  
FAIN# [REDACTED]  
Federal Award Date: 05/27/2021

**Recipient Information**

**1. Recipient Name**

County of Riverside Department of Public Health  
[REDACTED]  
[REDACTED]

**2. Congressional District of Recipient**

42

**3. Payment System Identifier (ID)**

[REDACTED] 7

**4. Employer Identification Number (EIN)**

[REDACTED]

**5. Data Universal Numbering System (DUNS)**

[REDACTED]

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

[REDACTED] h  
[REDACTED] y [REDACTED] h  
[REDACTED] rg  
[REDACTED] 7

**8. Authorized Official**

[REDACTED] i  
[REDACTED] f  
[REDACTED] rg  
[REDACTED]

**Federal Agency Information**

CDC Office [REDACTED] s

**9. Awarding Agency Contact Information**

[REDACTED] d  
[REDACTED] t  
[REDACTED] v  
[REDACTED] 3

**10. Program Official Contact Information**

[REDACTED] f  
[REDACTED] v  
[REDACTED] 2

**Federal Award Information**

**11. Award Number**

[REDACTED]

**12. Unique Federal Award Identification Number (FAIN)**

[REDACTED]

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Riverside County Initiative to Address COVID-19 Health Disparities

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2023

**20. Total Amount of Federal Funds Obligated by this Action** \$23,420,926.00

20a. Direct Cost Amount \$23,420,926.00

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$0.00

**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00

**25. Total Federal and Non-Federal Approved this Budget Period** \$23,420,926.00

**26. Project Period Start Date** 06/01/2021 - **End Date** 05/31/2023

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

[REDACTED]  
[REDACTED]

**30. Remarks**





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# [REDACTED]  
FAIN# [REDACTED] 9  
Federal Award Date: 05/27/2021

**Recipient Information**

**Recipient Name**

County of Riverside Department of Public Health

**Congressional District of Recipient**

42

**Payment Account Number and Type**

**Employer Identification Number (EIN) Data**

**Universal Numbering System (DUNS)**

**Recipient's Unique Entity Identifier**

Not Available

**31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$2,612,286.00
b. Fringe Benefits	\$1,422,651.00
c. Total Personnel Costs	\$4,034,937.00
d. Equipment	\$0.00
e. Supplies	\$1,805,857.00
f. Travel	\$10,000.00
g. Construction	\$0.00
h. Other	\$1,731,787.00
i. Contractual	\$15,838,345.00
j. TOTAL DIRECT COSTS	\$23,420,926.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$23,420,926.00
m. Federal Share	\$23,420,926.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
[REDACTED]	[REDACTED]	OT	41.51	\$23,420,926.00	[REDACTED]



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 05/27/2021

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



## **AWARD ATTACHMENTS**

County of Riverside Department of Public Health

[REDACTED]

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1. OT2103- Terms and Conditions

**Recipient:** County of Riverside Department of Public Health

#### **AWARD INFORMATION**

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-██████████, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$23,420,926 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.



This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

**Budget Revision Requirement:** By July 1, 2021 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**Pre-Award Costs:** Pre-award costs dating back to March 15, 2021 – and directly related to the COVID-19 outbreak response are allowable.

## FUNDING RESTRICTIONS AND LIMITATIONS

Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement to the grants management specialist.

## REPORTING REQUIREMENTS

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, [REDACTED]

[REDACTED]

Fax: [REDACTED] (include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

#### **PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS**

The final programmatic report format required is the following.

**Final Performance Progress and Evaluation Report:** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.



Additional guidance may be provided by the GMS and found at:  
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

#### **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

# EXHIBIT B



Award# [REDACTED]

FAIN# [REDACTED]

Federal Award Date: 03/24/2025

**Recipient Information****1. Recipient Name**COUNTY OF RIVERSIDE  
[REDACTED]  
[REDACTED]**2. Congressional District of Recipient**

42

**3. Payment System Identifier (ID)**

[REDACTED]

**4. Employer Identification Number (EIN)**

[REDACTED]

**5. Data Universal Numbering System (DUNS)**

[REDACTED]

**6. Recipient's Unique Entity Identifier (UEI)**

[REDACTED]

**7. Project Director or Principal Investigator**[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]**8. Authorized Official**[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]**Federal Agency Information**

CDC Office [REDACTED]

**9. Awarding Agency Contact Information**[REDACTED]  
[REDACTED]  
[REDACTED]**10. Program Official Contact Information**[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]**Federal Award Information****11. Award Number**

[REDACTED]

**12. Unique Federal Award Identification Number (FAIN)**

[REDACTED]

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Riverside County Initiative to Address COVID-19 Health Disparities

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

Terminate

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 06/01/2021 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$23,420,926.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$23,420,926.00

**26. Period of Performance Start Date** 06/01/2021 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$23,420,926.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**[REDACTED]  
[REDACTED]r**30. Remarks**

Department Authority



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/24/2025

**Recipient Information****Recipient Name**

COUNTY OF RIVERSIDE

**Congressional District of Recipient**

42

**Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$2,948,733.00
b. Fringe Benefits	\$1,605,880.00
c. Total Personnel Costs	\$4,554,613.00
d. Equipment	\$100,000.00
e. Supplies	\$1,096,054.00
f. Travel	\$10,000.00
g. Construction	\$0.00
h. Other	\$1,438,654.00
i. Contractual	\$16,221,605.00
j. TOTAL DIRECT COSTS	\$23,420,926.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$23,420,926.00
m. Federal Share	\$23,420,926.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		OT	41.51	93.391	\$0.00	





## DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/24/2025

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## AWARD ATTACHMENTS

COUNTY OF RIVERSIDE



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1. Terms & Conditions

## **TERMS AND CONDITIONS OF AWARD**

**Termination:** The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

**Closeout:** In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

**Final Performance/Progress Report:** This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

# EXHIBIT C



Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

March 2, 2021

County of Riverside

**Authority:**

Section 311(c)(1) of the Public Health  
Service Act (42 USC 243(c)(1))

Coronavirus Response and Relief  
Supplemental Appropriations Act, 2021  
(P.L. 116-260)

**COVID-19 ELC Enhancing Detection Expansion Funding**

**Award Number COVID-19ELC91**

**County of Riverside**

Dear Dr. [REDACTED]:

This letter covers the reimbursement for the ELC Enhancing Detection Expansion funding through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260, to provide additional critical support as we continue to address COVID-19 within our communities. Funding for these activities is covered for the period beginning January 15, 2021 to July 31, 2023. The California Department of Public Health (CDPH) is allocating **\$101,417,767** to **County of Riverside**.

Like the work supported by ELC Enhancing Detection, this funding expands support of testing, case investigation and contact tracing, surveillance, containment, and mitigation. Although this funding spans the same six Strategies as the ELC Enhancing Detection funds allocated in early August 2020, there has been a significant amount of additional allowable activities added to each of those Strategies. You are encouraged to review the Guidance document (Attachment 4), specifically the red font which highlights additional allowable activities within each Strategy beginning on page 9.

**Funding:**

The funding term is January 15, 2021 to July 31, 2023. CDPH will evaluate spending at the local level in January 2022. CDPH, in consultation with the California Conference of Local Health Officers and California Health Executives Association of California, will consider options for possible redirection of funds at that time.

CDPH [REDACTED]

Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)





**Submission Requirements:**

1. Complete a Workplan and Spend Plan by **March 31, 2021** and submit to CDPH at: [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov). See *Attachments 1 and 2*. Your Agency should consider the following when developing your Workplan and Spend Plan:

- It is recommended that your Agency fund an administrative position to ensure fiscal accountability and reporting requirements of the various ELC funds.
- Your Agency must work in coordination with tribal governments, community-based organizations, and faith-based organizations, particularly those with experience with high-risk populations based upon county COVID-19 surveillance data. There is no explicit cap or percentage that must go to these partners; however, you must reach out to them and enlist their help where it makes sense (i.e. outreach, testing strategy, education, or housing, etc.).
- Your Agency is encouraged to recruit and give hiring preference to unemployed workers, underemployed workers, and applicants from local communities disproportionately affected by COVID-19, who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community when executing contracts and other services.
- Your Agency's Equity Targeted Investment Plan is on a tab embedded within your workplan labeled "Health Equity". These plans are used to reflect equity activities across all ELC strategies. Please see Attachment 6 for additional information and instructions for completing this portion of your workplan. Please also include in the packet your vaccine equity plan (due to CDPH earlier in March) which should describe the network equity capacity that currently exists in your jurisdiction; as well as potential and future potential to administer vaccines in the jurisdiction's Health Equity Quartile zip codes. The vaccine equity plan should also include the locations and populations being served, a description of the jurisdiction's strategies/activities/educational approaches with community partners to reflect strategies/activities/educational approaches; as well as identification of other support needs to reach disproportionately impacted populations in the Health Equity Quartile zip codes.
- CDC guidance allows ELC Enhancing Detection Expansion funding to be used for expenses that compliment other CDC vaccine delivery efforts, such as staff, contractors, call centers, storage, and other infrastructure needs. Your Agency should prioritize vaccine specific funding and then determine how best to incorporate vaccine-related activities with this funding through your workplan.



### **Reporting Requirements:**

As a subrecipient of the COVID-19 ELC Enhancing Detection Expansion funding, the CDC requires submission of the following reporting documents. Additionally, CDPH will require additional data metric reporting related to Strategy 5 (contact tracing and isolation and quarantine activities). For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly progress reports to CDPH following the schedule below to provide status of timelines, goals, and objectives outlined in your workplan. Reporting must include a list of tribal governments, community-based organizations, and faith-based organizations that your Agency has included in its efforts. See *Attachment 1*. Note, if your workplan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	January 15, 2021 – April 30, 2021	June 1, 2021
Year 1/Q2	May 1, 2021 – July 31, 2021	August 31, 2021
Year 1/Q3	August 1, 2021 – October 31, 2021	November 30, 2021
Year 1/Q4	November 1, 2021 – January 31, 2022	February 28, 2022
Year 2/Q1	February 1, 2022 – April 30, 2022	May 31, 2022
Year 2/Q2	May 1, 2022 – July 31, 2022	August 31, 2022
Year 2/Q3	August 1, 2022 – October 31, 2022	November 30, 2022
Year 2/Q4	November 1, 2022 – January 31, 2023	February 28, 2023
Year 3/Q1	February 1, 2023 – April 30, 2023	May 31, 2023
Final	May 1, 2023 – July 31, 2023	August 31, 2023

2. Submit monthly expenditure reports on the last day of each month, beginning on April 30, 2021. Expenditure reporting should be completed within your Spend Plan. Note, if your spend plan is under review by CDPH and has not been approved by the reporting due date, you are still required to submit your expenditure report to CDPH.
3. For Agencies not using the CalCONNECT Contact Tracing data management system comprehensively for all of their COVID-19 cases, there may be additional reporting required on a monthly basis related to Strategy 5 activities. CDPH will provide a template to use to facilitate the reporting of these additional data metrics.

### **Reimbursement/Invoicing:**

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoice(s) to: [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov). See *Attachment 3*.

1. First Quarter Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
2. Future payments will be based on reimbursement of expenditures once the 25% advance payment has been fully expended. In order to receive future payments, your Agency must complete and submit reporting documentation within Attachments 1 and 2 following the due dates above within Reporting Requirements.
3. Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from CDPH. Documentation should be maintained onsite for five years.

Thank you for the time your Agency has and will continue to invest in this response. We are hopeful that this additional funding can support the needs of your local health jurisdiction and that it provides adequate resources for your participation in ELC Enhancing Detection Expansion activities. CDPH is hosting a webinar on Friday, March 5<sup>th</sup> at 1:30pm to go over the requirements and activities of this funding. If you have any questions or need further clarification, please reach out to [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov).

Sincerely,

[REDACTED]

[REDACTED]

California Department of Public Health

**Attachments**

- Attachment 1: Workplan and Progress Report
- Attachment 2: Spend Plan and Expenditure Report
- Attachment 3: Invoice Template
- Attachment 4: ELC Enhancing Detection Guidelines
- Attachment 5: Local Allocations
- Attachment 6: Equity Targeted Investment Plan Instructions



# EXHIBIT D



Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

June 16, 2022

TO: All Local Health Officers and Health Directors

**COVID-19 ELC Enhancing Detection and ELC Expansion  
Funding Extension**

Dear Local Health Officers and Directors:

This letter serves as official notification of the following funding period extensions:

1. ELC Enhancing Detection (\$286 million) funding was provided to local health departments through the federal Paycheck Protection Program and Health Care Enhancement Act. The funding period was originally May 18, 2020 through November 17, 2022 and has now been modified to **May 18, 2020 through July 31, 2024.**
2. ELC Enhancing Detection Expansion (\$1.1 billion) was provided to local health departments through the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020. The funding period was originally January 15, 2021 through July 31, 2023 and has now been modified to **January 15, 2021 through July 31, 2024.**

Additional reports will be added to the reporting schedule to accommodate the extended period of service for both grants. Please see attached updated reporting schedule.

The allocation to your jurisdiction for both ELC Enhancing Detection and ELC Enhancing Detection Expansion grants will remain unchanged. All other terms and conditions remain unchanged.

If you have any questions or need further clarification, please reach out to [CDPHELC@cdph.ca.gov](mailto:CDPHELC@cdph.ca.gov).

Sincerely,



California Department of Public Health

cc: Local ELC Coordinators

CDPH

Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)





State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

[REDACTED]  
Director and State Public Health Officer

November 9, 2023

TO: All Local Health Officers and Health Directors

**COVID-19 ELC Enhancing Detection and ELC Expansion  
Funding Extension**

Dear Local Health Officers and Directors:

This letter serves as official notification of the approval of a no-cost extension for the following funding streams:

1. **ELC Enhancing Detection** (\$286 million) funding was provided to local health departments through the federal Paycheck Protection Program and Health Care Enhancement Act. The funding period was originally May 18, 2020 through November 17, 2022 and has now been extended to **July 31, 2026**.
2. **ELC Enhancing Detection Expansion** (\$1.1 billion) was provided to local health departments through the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020. The funding period was originally January 15, 2021 through July 31, 2023 and has now been extended to **July 31, 2026**.

Additional reports have been added to the reporting schedules to accommodate the extended period of service for both grants.

The allocation to your jurisdiction for both ELC Enhancing Detection and ELC Enhancing Detection Expansion grants will remain unchanged. All other terms and conditions remain unchanged.

If you have any questions or need further clarification, please reach out to [LocalEmergencyFunding@cdph.ca.gov](mailto:LocalEmergencyFunding@cdph.ca.gov).

Sincerely,

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

California Department of Public Healthcc: Local ELC Coordinators

CDPH [REDACTED]

Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



# EXHIBIT E



Health and Human Services Agency  
**California Department of Public Health**



**Gavin Newsom**  
Governor

March 28, 2025

To: Local Health Jurisdictions

From: [REDACTED]

As you may be aware, CDC has rescinded the following grant funding streams with a closeout period of 30 days to be reimbursed for any expenditures through March 24, 2025:

1. Epidemiology and Laboratory Capacity Enhancing Detection
2. Epidemiology and Laboratory Capacity Enhancing Detection Expansion
3. Epidemiology and Laboratory Capacity Infection Prevention Control
4. Epidemiology and Laboratory Capacity Coronavirus Aid, Relief, and Economic Security
5. Epidemiology and Laboratory Capacity, SHARP 2+
6. National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CERI)
7. Immunization and Vaccines for Children – COVID Supplemental Rounds 1-4 (IZ)

Given contract notification requirements, you may receive a stop work or termination notice from Heluna Health, our fiscal intermediary, in the next few days. Although there are efforts underway by national organizations and states to preserve this funding, if you continue to perform work after March 24, 2025, that work will not be compensated by CDPH if we are not reimbursed by the federal government.

In order to ensure payment for expenditures through March 24<sup>th</sup>, please send your invoices and documentation as soon as possible as our ability to draw down funds may be turned off 30-days from March 24<sup>th</sup>. You will also receive closeout procedures in the next few days.



# EXHIBIT F

## CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

County of Riverside, Department of Public Health, hereinafter “Grantee”

Implementing the project, “To assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases (VPDs) in the local health jurisdiction (LHJ),” hereinafter “Project”

AMENDED GRANT AGREEMENT NUMBER [REDACTED]

The Department amends this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

**AUTHORITY:** The Department has authority to grant funds for the Project under Health and Safety Code, Section 120325-120380 of the Health & Safety Code, which requires immunizations against childhood diseases prior to school admittance and Federal Grant numbers [REDACTED] and [REDACTED]

**PURPOSE FOR AMENDMENT:** The purpose of the Grant amendment is to increase funding in the amount of \$525,212 for FY2020-21 to augment and enhance efforts around influenza vaccination coverage as well as perform Coronavirus Disease 2019 (COVID-19) vaccination planning and implementation.

**Amendments** are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

**AMENDED GRANT AMOUNT:** this amendment is to increase the grant by \$525,212 and is amended to read: **\$2,860,851 (Two Million Eight Hundred Sixty Thousand Eight Hundred Fifty-One Dollars)** ~~\$2,335,639 (Two Million Three Hundred Thirty-Five Thousand Six Hundred Thirty-Nine Dollars).~~

Exhibit B – Budget Detail and Payment Provisions, paragraph 4.A is hereby replaced as shown below.

4. Amounts Payable

A. The amounts payable under this Grant shall not exceed ~~\$2,335,639~~ **\$2,860,851**.

**PROJECT REPRESENTATIVES.** The Project Representatives during the term of this Grant will be:

<b>California Department of Public Health, Immunization Branch</b>	<b>Grantee: County of Riverside, Department of Public Health</b>
Name: [REDACTED]	Name: [REDACTED] Director of Nursing Services – Public Health
Address: [REDACTED]	Address: [REDACTED]
City, ZIP: [REDACTED]	City, ZIP: [REDACTED]
Phone: [REDACTED]	Phone: [REDACTED]
Fax: [REDACTED]	Fax: [REDACTED]
E-mail: [REDACTED]@cdph.ca.gov	E-mail: [REDACTED]@ruhealth.org

Direct all inquiries to:

<b>California Department of Public Health, Immunization Branch</b>	<b>Grantee: County of Riverside, Department of Public Health</b>
Attention: [REDACTED]	Attention: [REDACTED] Services – Public Health
Address: [REDACTED]	Address: [REDACTED]
City, Zip: [REDACTED]	City, Zip: [REDACTED]
Phone: [REDACTED]	Phone: [REDACTED]
Fax: [REDACTED]	Fax: [REDACTED]
E-mail: [REDACTED]@cdph.ca.gov	E-mail: [REDACTED]@ruhealth.org

All payments from CDPH to the Grantee; shall be sent to the following address:

<b>Remittance Address</b>
<b>Grantee: County of Riverside - RUHS</b>
Attention “Cashier”: Fiscal Services
Address: [REDACTED]
City, Zip: [REDACTED]
Phone: [REDACTED]
Fax: [REDACTED]
E-mail: [REDACTED]



State of California – Health and Human Services Agency – California Department of Public Health  
CDPH 1229A (Rev. 09/2019)

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party. Said changes shall not require an amendment to the agreement. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be requested through the CDPH Project Representatives for processing.

All other terms and conditions of this Grant shall remain the same.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: 05-11-2021

[Redacted Signature]

[Redacted Signature]

FORM APPROVED COUNTY COUNSEL  
4-20-21  
DATE

Date: \_\_\_\_\_

\_\_\_\_\_  
[Redacted Signature]

California Department of Public Health

[Redacted Signature]

State of California – Health and Human Services Agency – California Department of Public Health  
CDPH 1229A (Rev. 09/2019)

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party. Said changes shall not require an amendment to the agreement. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be requested through the CDPH Project Representatives for processing.

All other terms and conditions of this Grant shall remain the same.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: 05-11-2021

ATTEST:

[Redacted Signature]

[Redacted Signature]

[Redacted Signature]

County of Riverside, Department of Public Health

[Redacted Signature]

Date: 5/24/2021

[Redacted Signature]

FORM APPROVED COUNTY COUNSEL  
BY [Redacted Signature]  
DATE 4-20-21

# EXHIBIT G



State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

[REDACTED]  
Director and State Public Health Officer

DATE: April 1, 2021

TO: Immunization Coordinators  
Local Health Officers

FROM: [REDACTED]

SUBJECT: **Letter of Intent to Award Funding**

Dear [REDACTED],

I am writing today to notify you of our intent to award Riverside an additional amount of \$10,202,665 for FY2021-22. The Immunization Branch has received supplemental funding from the Centers of Disease Control to increase COVID-19 vaccination services. The funding announcement for these supplemental funds will be released within the next few days. As part of the announcement, you will be asked to submit a new application and budget so that we may amend your current agreement.

Riverside's agreement with CDPH, number [REDACTED], remains in effect and allows for continued work and billing to CDPH. The local assistance agreement allows the County to continue COVID 19 vaccination services through the new fiscal year, July 1, 2021 – June 30, 2022.

Immunization Branch contract analysts will work with the California Department of Public Health, Contracts Management Unit to amend the existing agreement to include the additional supplemental funding, but execution of the agreement does not preclude continuance of COVID-19 vaccination activities.

If your LHD needs access to the additional funds this fiscal year (FY2020-21), please let us know by end of day Monday, April 5. Utilizing this additional funding in FY2020-21 will require a fully executed grant amendment 3, which means this is only possible with a fully executed amendment 2. If we do not hear from you by COB April 5, we will move forward to apply the new funding to the next fiscal year FY2021-22, effective July 1, 2021.

If you need any further information, please feel free to contact me at [REDACTED]@cdph.ca.gov. I will be out of the office from April 5 through April 9. If you need information next week, please contact [REDACTED]@cdph.ca.gov.

[REDACTED]  
Internet Address: [www.getimmunizedca.org](http://www.getimmunizedca.org)



# EXHIBIT H



State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

[REDACTED]  
Director and State Public Health Officer

DATE: September 19, 2024

TO:

[REDACTED]  
Receiving Immunization Program Local Assistance Grants

FROM:

[REDACTED]  
Immunization Branch

SUBJECT:

- 1.) Immunization Local Assistance Carryover Funding, Coronavirus Disease 2019 (COVID-19) Funds, Fiscal Year 2024-25
- 2.) Federal Compliance Requirements of the Immunization Grant Fiscal Year 2024-25 Acknowledgement and Subrecipient Information Form

**GRANT AGREEMENT FUNDING ANNOUNCEMENT/RELEASE**

The California Department of Public Health (CDPH), Immunization Branch, is pleased to release Coronavirus Disease 2019 (COVID-19) Supplemental funding information to Local Health Department (LHD) subrecipients for FY 2024-25. CDPH has authority to grant funds for the Project under Health and Safety Code, Section 120325-120380, which requires immunizations against childhood diseases prior to school admittance. The purpose of this grant is to assist LHDs in preventing and controlling vaccine-preventable diseases in the local health jurisdiction (LHJ).

This announcement supplements the funding announcement dated July 16, 2024. Contract analysts will reach out to IZ Coordinators and fiscal staff to indicate the amount of COVID Round 2, 3, and 4 funding each LHD may spend through June 30, 2025. There is no new funding offered or granted by this announcement.

**RELATED STATUTES**

California Health & Safety Code sections:

- 120130 requires the Local Health Officer to properly report to CDPH those diseases listed as reportable, which include vaccine-preventable diseases.
- 120175 requires the Local Health Officer to take measures as may be necessary to prevent the spread or occurrence of additional cases of reportable diseases (which includes reportable vaccine-preventable diseases).
- 120350 requires Local Health Officers to organize and maintain a program to make available the immunizations required for admittance to child care facilities and schools.

**SERVICES TO BE PERFORMED BY THE GRANTEE**

The Grantee is to implement activities related to the requirements contained within the CDC.



**COVID-19 ROUND 2 FEDERAL AWARD (CARRYOVER ONLY)**

Federal Grant Award No.: [REDACTED]

Award Issue Date: 12/16/2020

Catalog of Federal Domestic Assistance (CFDA) Title: Immunization Cooperative Agreements

Catalog of Federal Domestic Assistance (CFDA) No.: [REDACTED]

Data Universal Numbering Systems (DUNS) No.: [REDACTED]

Unique Entity Identifier (UEI) No.: [REDACTED]

Total Federal Award to Date: \$20,074,619

Amount Made Available for Local Assistance Subrecipient Awards: \$10,000,005

Year 3 Budget, FY 2022-23: 100% Coronavirus Aid, Relief, and Economic Security (CARES) Funds

**COVID-19 ROUND 3 FEDERAL AWARD (CARRYOVER ONLY)**

Federal Grant Award No.: [REDACTED]

Award Issue Date: 01/15/2021

Catalog of Federal Domestic Assistance (CFDA) Title: Immunization Cooperative Agreements

Catalog of Federal Domestic Assistance (CFDA) No.: [REDACTED]

Data Universal Numbering Systems (DUNS) No.: [REDACTED]

Unique Entity Identifier (UEI) No.: [REDACTED]

Total Federal Award to Date: \$357,026,635.00

Amount Made Available for Local Assistance Subrecipient Awards: \$182,205,207

Year 3 Budget, FY 2022-23: 100% Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Funds

**COVID-19 ROUND 4 FEDERAL AWARD (CARRYOVER ONLY)**

Federal Grant Award No.: [REDACTED]

Award Issue Date: 03/31/2021

Catalog of Federal Domestic Assistance (CFDA) Title: Immunization Cooperative Agreements

Catalog of Federal Domestic Assistance (CFDA) No.: [REDACTED]

Data Universal Numbering Systems (DUNS) No.: [REDACTED]

Unique Entity Identifier (UEI) No.: [REDACTED]

Total Federal Award to Date: \$357,026,635.00

Amount Made Available for Local Assistance Subrecipient Awards: \$178,500,003

Year 3 Budget, FY 2022-23: 100% Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Funds

Please complete, sign, and return the following to [REDACTED]@cdph.ca.gov as soon as possible or no later than October 4, 2024.

[REDACTED]  
Internet Address: [www.getimmunizedca.org](http://www.getimmunizedca.org)



- Federal Compliance Requirements of the Immunization Grant No. [REDACTED]
- Subrecipient Information Form is being requested to ensure we have the most current information on file.
- Exhibit B – Budget worksheet, please complete and submit only the worksheets for each COVID-19 grant where your LHD has carryover funding.

Thank you.

Enclosures: [REDACTED] Non-Research  
Federal Compliance & Subrecipient Information Form FY2024-25  
FY2024-25\_Budget by Grant  
Budget Modification Request Form FY2024-25

cc: State Immunization Branch Field Representatives  
[REDACTED]



# EXHIBIT I



Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

April 3, 2023

Laboratory Director  
Riverside County Public Health Laboratory

Authority:  
Section 311(c)(1) of the Public  
Health Service Act (42 USC  
243(c)(1))

**ELC SHARP**

**Award Number -** [REDACTED]

American Rescue Plan Act of 2021

Dear Riverside County Public Health Laboratory Director,

This letter covers the ELC Sharp funding through July 31, 2024. California's current surveillance for AR pathogens relies on limited testing performed by local Public Health Laboratories (PHLs), the CDPH Microbial Diseases Laboratory (MDL), and the Washington Regional ARLN laboratory. This ELC Strengthening HAI/AR Program Capacity (SHARP) funding will support expansion of antimicrobial resistance (AR) surveillance in California via screening activities for carbapenemase-producing organisms (CPOs) and *Candida auris*, as well as supporting additional capacity for other optional activities including Whole Genome Sequencing (WGS) for HAI/AR pathogens and establishing capacity for AST of *Neisseria gonorrhoeae*.

CDPH will allocate \$3,300,000 to 14 local PHLs that have proposed to provide additional testing for HAI/AR pathogens to build capacity for the AR laboratory network in California. Funding for SHARP activities is covered for the period beginning June 1, 2022 to July 31, 2024. The California Department of Public Health (CDPH) is allocating **\$325,914.20** to **Riverside County Public Health Laboratory**.

**Funding:**

The ELC funding term for this project is June 1, 2022 to July 31, 2024. CDPH will evaluate spending at the local level in August 2023 and will consider options for possible redirection of funds at that time.

**Allowable Costs:**

CDPH [REDACTED]

Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



Approved funding was based on the initial proposals that were submitted by your laboratory, availability of funds, and alignment of proposed activities with surveillance and testing priorities.

For a detailed listing of allowable costs and activities, please refer to the funding guidance document, Attachment X.

**Unallowable Costs:**

The funding associated with the SHARP grant cannot be used for the following costs:

- Research
- Clinical care
- Publicity and propaganda (lobbying):
  - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

**Submission Requirements:**

Complete the attached Workplan and Spend Plan by **06/1/2023** and submit to CDPH utilizing the ELENOR System. See *Attachments 1 and 2*. Your Agency should consider the following when developing your Workplan and Spend Plan:

- If hiring staff from these project funds, develop approximate goals and metrics regarding diversity of staff hired and equity and inclusion activities. Report on progress against those measures will be required.
- Reasonable Milestones and Achieve By dates that accomplish the project mission. Progress on milestones will be evaluated quarterly.
- Spend plan within your proposed budget that specifically support the activities in your workplan and project proposal.



**Reporting Requirements:**

As a subrecipient of ELC SHARP funding, it will be required to submit reporting documents and requested data. For your convenience, your Contract Manager will issue reminders as these dates get closer through the *Enhanced Laboratory Emergency Network Operations and Response* platform (ELENOR). Training will be provided on the ELENOR system should any county not currently be utilizing it.

1. Quarterly progress reports on status of timelines, goals, and objectives.
2. Performance metrics that will be required by CDC for reporting and/or defined by the CDPH. Due dates will be provided once they are made available.
  - Applicable data may include numbers of screening and/or confirmatory tests performed and breakdown of results for CPO pathogens (including species tested if performing confirmatory testing) and *C. auris*, number of HAI/AR isolates sequenced (WGS) and sequence data uploaded to NCBI, number of *N. gonorrhoeae* isolates submitted for AST (with related result breakdown), and number of tests sent to MDL or the Regional ARLN in Washington.
  - Additional metrics may be requested.

Progress reports must be submitted to CDPH through the ELENOR system following the schedule below. Note, if your workplan or spend plan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	June 1, 2022 – July 31, 2022	August 31, 2022
Year 1/Q2	August 1, 2022 – October 31, 2022	November 30, 2022
Year 1/Q3	November 1, 2022 – January 31, 2023	February 28, 2023
Year 1/Q4	February 1, 2023 – April 30, 2023	May 31, 2023
Year 2/Q1	May 1, 2022 – July 31, 2022	August 31, 2023
Year 2/Q2	August 1, 2023 – October 31, 2023	November 30, 2023
Year 2/Q3	November 1, 2023 – January 31, 2024	February 28, 2024
Year 2/Q4	February 1, 2024 – April 30, 2024	May 31, 2024
Year 3/Q1	May 1, 2024 – July 31, 2024	August 31, 2024

**Reimbursement/Invoicing:**

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoice(s) through the ELENOR system. See Attachment 3-Invoice.

1. Payment: Upon receipt of invoice, CDPH will reimburse your Agency for 100% of your total expenditure per invoice.

2. Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from CDPH. Documentation should be maintained onsite for five years.

Thank you for the time your Agency has and will continue to invest in this initiative to build a strong surveillance network in California for AR pathogens. If you have any questions or need further clarification, please reach out to: [REDACTED]@cdph.ca.gov.

***Attachments***

Attachment 1: Workplan and Progress Report  
Attachment 2: Spend Plan and Expenditure Report  
Attachment 3: Invoice Template  
Attachment 4: HAI Sharp Funding Guidance

**SCHEDULE A**

**RUHS - Public Health**

**Budget Adjustment**

**Fiscal Year 2023/2024**

**INCREASE IN APPROPRIATIONS:**

10000	-	4200100000	-	510040 Regular Salaries	\$	116,158
10000	-	4200100000	-	518100 Budgeted Benefits	\$	64,573
10000	-	4200100000	-	522860 Medical-Dental Supplies	\$	85,000
10000	-	4200100000	-	524500 Administrative Support-Direct	\$	45,183
10000	-	4200100000	-	525440 Professional Services	\$	15,000
<b>TOTAL INCREASE IN APPROPRIATIONS:</b>						<b>\$ 325,914</b>

**INCREASE IN ESTIMATED REVENUE:**

10000	-	4200100000	-	762040 Fed-Health Grants	\$	325,914
<b>TOTAL INCREASE IN ESTIMATED REVENUES:</b>						<b>\$ 325,914</b>

**Laboratory received SHARP grant Funding in Fiscal Year 2023/2024**



# EXHIBIT J



State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

November 9, 2022

TO: Local Public Health Laboratory Directors

**COVID-19 ELC Local Public Health Laboratory  
Supplemental Funding Extensions**

Dear Public Health Laboratory Directors:

This letter serves as official notification of the following funding period extensions:

1. **ELC Strengthening Public Health Laboratory (PHL) Preparedness through Laboratory Response Network (LRN)** (\$1.9 million) funding was provided to local public health laboratories through the federal Paycheck Protection Program and Health Care Enhancement Act. The funding period was originally May 12, 2021 through July 31, 2022 and has now been extended to **July 31, 2026**.
2. **ELC Enhancing Detection Expansion Advanced Molecular Detection Supplemental Funding for Major Construction** (18.5 million) funding was provided to local public health laboratories through the American Rescue Plan Act of 2021. The funding period was originally August 1, 2021 through July 31, 2024 and has now been extended to **July 31, 2026**.
3. **ELC Strengthening HAI/AR Program Capacity (SHARP)** (3.3 million) funding was provided to local public health laboratories through the American Rescue Plan Act of 2021. The funding period was originally August 1, 2021 through July 31, 2024 and has now been extended to **July 31, 2026**

Additional reports have been added to the reporting schedules to accommodate the extended period of service for all three grants.

Allocations amounts will remain unchanged. All other terms and conditions remain unchanged.

CDPH

● Sacramento, CA

Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)

